

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90010 020 ***150.00

DOCUMENT # P07000008153					
1. Entity Name BEECH ANNUAL FLOWERS, INC.					
Principal Place of Business 815 10TH CT SW VERO BEACH, FL 32962			Mailing Address 815 10TH CT SW VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box # 5400 87th St.		3. Mailing Address PO Box 651477			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wabasso, FL		City & State Vero Beach, FL		4. FEI Number 20-8314178	
Zip 32958		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME GOMEZ, JEFFREY STREET ADDRESS 815 10TH CT SW CITY-ST-ZIP VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete		TITLE DPST NAME Gomez, Jeffrey STREET ADDRESS PO Box 651477 CITY-ST-ZIP Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GOMEZ, BETTY STREET ADDRESS 815 10TH CT SW CITY-ST-ZIP VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Gomez, Betty STREET ADDRESS PO Box 651477 CITY-ST-ZIP Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					